

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U <u>6337</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Rocco</u> <u>DiFilippo</u> P.O. Box Bldg Room No if any _____ Street <u>43 Evelyn Road Ext</u> City <u>Coraopolis</u> State <u>PA</u> ZIP Code + 4 <u>15108</u>	4 Name file number and address of labor organization Name <u>Teamsters Local 249</u> Labor Organization File Number <u>028-815</u> P.O. Box Building and Room Number if any <u>P O Box 40128</u> Street <u>4701 Butler Street</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15201-0128</u>
5 Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income. _____ _____ _____ 7 b. Amount. _____ _____ _____

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

8.17.05  
Date

412 682 3700  
Telephone Number

Name of Person Filing <b>Rocco DiFilippo</b>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **Deutsche Asset Management**  
Trade Name if any  
P O Box Bldg Room No if any  
Street **345 PARK AVENUE**  
City **NEW YORK**  
State **NEW YORK** ZIP Code + 4 **10154**

9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **WESTERN PA TEACHERS & Employee Union**  
Trade Name if any  
P O Box, Bldg Room No if any  
Street **49 AUTO WAY**  
City **PITTSBURGH**  
State **PA** ZIP Code + 4 **15206**

11 a Nature of such dealing

**FUND ADVISOR**

11 b Approximate dollar value of such dealing

**\$ 85,541,456.00**

12 a Nature of interest held or income received

**GOLF, MEAL AND INCIDENTALS  
WITH ATTENDANCE AT EQUITY  
MANAGERIAL CONFERENCE**

12 b Amount

**\$ 394.80**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name  
Trade Name if any  
P O Box, Bldg Room No if any  
Street  
City  
State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment